

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled RETRACTABLE SAFETY SYRINGE

the specification of which (check one)

☒ is attached hereto.

☐ was filed on

as Application Serial No

and (if applicable) was amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in **Title 37, Code of Federal Regulations, § 1.56**. I hereby claim foreign priority benefits under **Title 35, United States Code § 119** of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed

PRIOR FOREIGN APPLICATION(S)			PRIORITY CLAIMED	
Number	Country	Day/Month/Year Filed	Yes	No

I hereby claim the benefit under **Title 35, United States Code, § 120** of any United States application(s) or PCT international application(s) designating The United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of **Title 35, United States Code, § 112**, I acknowledge the duty to disclose information which is material to patentability as defined in **Title 37, Code of Federal Regulations, § 1.56** which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application

Application Number	Filing Date	Status - Patented, Pending or Abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under **section 1001 of title 18 of the United States Code** and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

POWER OF ATTORNEY I (We) hereby appoint as my(our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith

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I (We) authorize my(our) attorneys to accept and follow instructions from **TAIE INTERNATIONAL PATENT & LAW OFFICE** regarding any matter related to the preparation, examination, grant and maintenance of this application, any continuation, continuation-in-part or divisional based thereon, and any patent resulting therefrom, until I (We) or my(our) assigns withdraw this authorization in writing. Send correspondence to **Hehman & Costigan, P.C.** Telephone Calls to **(212)302-6989**

1185 Avenue of the Americas
New York, NY 10036-2646
U.S.A.

Full Name of First or Sole Inventor	Hsi-Chin TSAI		
Post Office Address	<input checked="" type="checkbox"/> Same as Residence	Citizenship	Taiwan, R.O.C.
Residence Address	2F, No. 524, Ta-An Rd., Shulin City, Taipei Hsien, Taiwan, R.O.C.		
DATE	November 16, 2001	SIGNATURE	TSAI, HSI-CHIN
Full Name of Joint Inventor			
Post Office Address	<input checked="" type="checkbox"/> Same as Residence	Citizenship	
Residence Address			
DATE		SIGNATURE	

☐ See following pages for additional joint inventors.